MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Le Ma 0	1334		CERTIFICAT	E OF DEATH		012	94
a. 0	COUNTY S	omerset	MARYLAND	a. STATE Mar		. COUNTY Some	erset
b. (WILE FURAL FINE	utside corporate ilmits,	10 Days	c. CITY OR TOWN (If Crist	outside corporate ilmi i el d	its, write RURAL and (9-1
77 d.	McCready	or institution (if not in h Memorial H	ospital, give street address) ospital	d. STREET ADDRESS Byrdt	own		e. IS RESIDENCE ON A FARM? YES NO 2
(Ту	DEASED pe or print)	William	Arthur	B yr d	DEATH	Month Da	19 66
5. SE Ma	le W	hite WIDOWED	DIVORCED	June 19, 189	96 last birt	years IF UNDER 1 YEA hday) Months Days yrs.	Hours Min.
10a. US during	UAL OCCUPATION (GI most of working life Waterman	ve kind of work done 10b. F , even if retired)	CIND OF BUSINESS OR NDUSTRY Seafood	Crisfield		country) 12. CITIZE COUNTI	N OF WHAT RY?
13. FA	ATHER'S NAME Wi	lliam Byrd		14. MOTHER'S MAID	etty Foster		
(Yes, no	o, or unkown) (If yes	nive war or dates of service)		. Anna Lee		Address	
Co ga' cai	PART I. DEATH W IMM A H I Inditions, if any, w ve rise to immeduse (a), stating derlying cause last.	DUE TO DUE TO DUE TO DUE TO (c)	recorded Asiz	estiment.	uson (N.) 01	TERVAL BETWEEN NSET AND DEATH
FICAT	RT II. OTHER SIGNIFI a. ACCIDENT WAS U		UTING TO DEATH BUT NOT RELA				9. WAS AUTOPSY PERFORMED? YES NO
	CONTRIBUTING DEITHER, NOTIFY M	CAUSE OF DEATH EDICAL EXAMINER)	INJURY OCCURRED 20e. PLA				(State)
MEDIC	c. TIME OF INJURY Hour a.m. p.m.	19 While	Not While at work	ry, street, office bldg., e	tc.)		
_	21. I certify that saw the deceased a. SIGNATURE	(I) (this hospital) attend	led the deceased from 19 and tha	ATTENDING	MED. STAFF	auses and on the d	SIGNED
22	c. PHYSICIAN'S NAME (Type)	Dr. S. M.	Ferton M.I	22d. ADDRESS	St. Crisf	. []]]//)	
23a. F	BURIAL, CREMATION REMOVAL (Specify)		23c. NAME OF CEMETERY American Leg	OR CREMATORY	23d. LOCATION (City, town or county)	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP 1, 2, and 3 to the funeral director. Page 2 and 2 to the funeral director. Page 3 and 2 with the State Department of 1 within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND Jarvland Somerset Somerset b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside sorporate limits, write RURAL and give nearest town) write RURAL and give nearest town Wenona d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Main Road at Home YES NOT 3. NAME OF 4. DATE Middle Month Day DECEASED OF 1966 Corbin James Jan (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) male Months WIDOWED [DIVORCED Dec 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? This certificate should be executed within 24 hours at a word "pending" in pencil in Item 18. Give pages 1, 2 bdical Examiner's Office along with form PMS. Page ould be used as a burial-transit permit. File pages 7 an done during most of working life, avan if retirad) Seafood Maryland USA Waterman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME any William L Corbin Sidennia Evans 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 5 Address (Yas, no, or unkown) | (If yas give war or dates of service) and Mrs Esther Corbi 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN removal, ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (a) minutes DUE TO ò Conditions, if any, which used as a bu gave rise to Immediate cause the certificate, writing the word "pending" revarded to the Chief Medical Examiner's DIRECTOR: Page 3 should be used as a DUE TO (e), staling the underlying uld be used a cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of itam 1B.) 0 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. prior MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work lease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion MEDICAL designated death resulted from: Accident Suicide | Natural causes to Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR DEPUTY DEPUTY MEDICAL EXAMINER 6 Everett SutterMD Somerset NAME (Type) Addrass (Street, city, town, or county) please 4 shoul O FUN Health 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d. LOCATION (City, town, or sounty) REMOVAL (Specify) Ewell Smith Island, Chur ch Cemeterv 23. FUNERAL DIRECTO ADDRESS 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME

क्रिया के किए किसी के किसी के किसी के किसी के किसी के किसी किसी के किसी के किसी के किसी के किसी के किसी के किस स्थान A ALL STATE OF THE STATE OF THE

FOR STATE HEALTH DEPT.

EXAMINER: This certificate should be executed within 24 hours after death. If any delay accessary, execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be for your files. AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and with the State Department h or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEI

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()1296

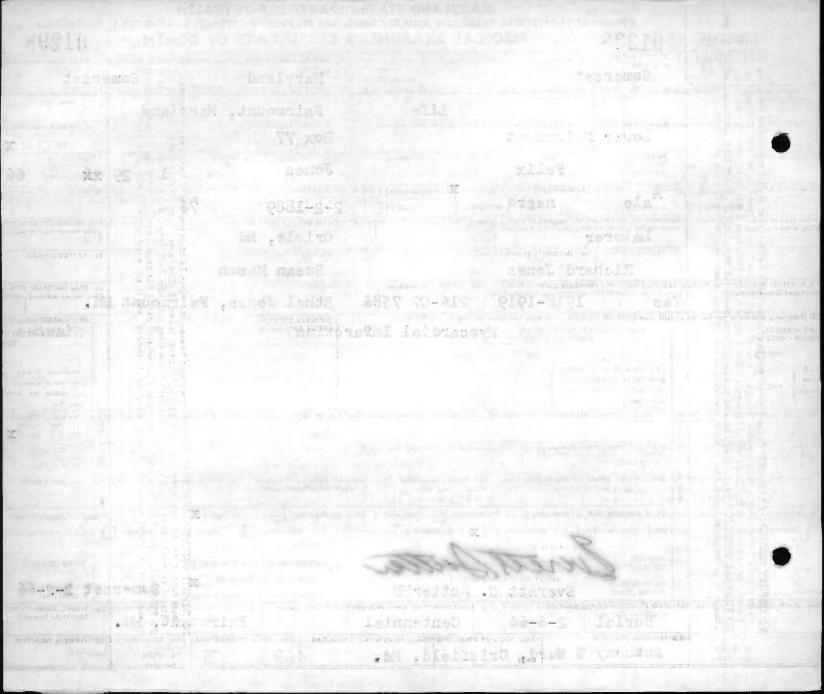
1	a. COUNTY				2. USUAL RESIDE	DENCE (Where dec	b. CDUN	ITY ,	dence before a	idmission)
1	Somerse	T	in Health	MARYLAN		IICL V (If outside corr	Somer		nd alve near	et town)
	Write RURAL	VN (If outside corpora and give nearest too S Anne	vn)					1/	/ sive means	ist town,
				30 years	Prince		RF	D /9-	-/	OLDENDE
	d. NAME OF HO	SPITAL OR INSTITUTI	DN (If not In h	ospital, give street addre	d. STREET ADDR	ESS			e. IS RE DN A YES	SIDENCE FARM? ND
13	. NAME OF	F	irat	Middle	Lest	4. DATE	Monti	1	Day Y	eer
	(Type or print)	Louise			Ford	OF DEATH	I		I6 19	66
1	5. SEX	6. COLOR OR RACE		NEVER MARRIED	1 8. DATE OF BIRTH	9.	AGE (In years			ER 24 HRS.
1	Temale	Colored	WIDOWED	7.0	8/11/19	IO 5	last birthdey)		ays Hours	
1	Da. USUAL OCCUPA	TION (Giva kind of work king life, even if retire	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLAC	E (State or forel)	gn country)	12. CITI	IZEN OF WHA	ī
1	Labor	king me, even in retire	Car	nning Facto	ory Maryla	nđ		U	SA	
	13. FATHER'S NAM	ИE		2000	14. MOTHER'S	MAIDEN NAME				
	Robert	Johnson			Mollie	Collin	ns			
		EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17. INFORMANT		Addre	SS		
	(Yes, no, or unkown)	(If yes give war or dates	of service)	1	Mary Johns	on Prin	cess A	nne, M	aryla	nd
		EATH WAS CAUSED BY LIMMEDIATE CAUSE DUE any, which	(a)	Ine for (a), (b), and (c).]	of stomac	h conte	nds		INTERVAL B ONSET AND 1 ho	DEATH
	cause (e), a underlying ceu	sa lest.	(c)			VAL BIOGRAPHO WI	NITION AND THE INC	DART 1(a)	119. WAS A	UTDPSY
O L	brain	contusio	***	UTING TO DEATH BUT NOT I	RELATED TO THE TERMIT	VAL DISEASE CON	DILIONGIAEMIN	PARTI(8)		RMED?
	20a. EXTERNA PRIMARY OF CAUSE OF DEA	AL CAUSE WAS CONTRIBUTING TH.	2Db.	DESCRIBE HOW INJURY				of Item 1B.)		
	Hour e.	INJURY Month, Day, m. 1-16-6	6 While	Not While	PLACE OF INJURY (Homestory, street, office bld	g., etc.)	City or town)	(Count	Some:	(State) Md rset
1				nains described above,		Inspection	n x, Inqu	iry 🔽 ,	and in my	opinion
	death resul		DESCRIPTION OF THE PROPERTY OF		Suicide, Ho	micide,	Undetermined	- Marie		
	ACTUAL	11/10	4/	still		MEDICAL EXAMINER	NED 🗆		22. DATE	SIGNED
	SIGNATURE	Melle	111	Della IV		MEDICAL EXAMINE			1-20	
2	EXAMINER'S NAME (Type)	Everett	Sutte	rMD		treet, city, town,		Somer		-00
1	23a. BURIAL CRE	MATION, 23b. DATE	THEREOF	23c. NAME OF CEME			CATION (City, t			State)
	Burial (Sr	pecify) I/20	/66	Christ M.	.E.		ton, Ma			
	24. FUNERAL DIR	ECTOR	,	ADDRESS	25a.	REC'D BY REGIS	STRAR 256, 28	EGISTRAR'S	SIGNATURE	-
	William	H James	Jr.Pr	incess Ann	e,Md DATE	AN 20 B	000		0	

ALCUAL TO THE TENED TO STREET THE RESIDENCE TO A TABLE IN 9.13 apple secoular. suns turity yester at a Faille colling healyth out a new outstand the tropical author fine fine on the notification of the e toda T e and the state of Alexander L mirror , to so-. . The state of t his bank according to the contract of the cont

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH hours after death. funeral and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Maryland b. COUNTY Somerset a. STATE Somerset and completely filled in by the firemove carbon papers. Pages 1 MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield Day filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? McCready Memorial Hospital 130 So. Lth. NO [YES OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician. 3. NAME OF Middle Year Last DATE Day DECEASED OF William 66 Henry Horsey (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH birthday) last Months Days Hours Male Negro WIDOWED I DIVORCED lease re 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician during most of working life, even if retired) COUNTRY? attending phys ermit. Then ple on, or removal, a FATHER'S 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT has been signed by the attendas the burial-transit permit. prior to burial, cremation, or r (Yes, no, or unkown) (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO ension; Maleena 12263 Conditions, if any, which gave rise to immediate DUE TO cause (a), stating TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior underlying cause last. (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO | 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) (State) (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m at work 30 21. I certify that (I) (this hospital) attended the deceased from 196 5A_M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. Page 4 may b DIRECTOR M.D. PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) Roberts. Crisfield. Maryland BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOGATION (City, town or county) (State) REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Somerset Page y is neces. Maryland necessary, Somerset MARYLAND b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town for your Life Fairmount, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE delay iould be executed within 24 hours after death. If any delay "in pencil in Item 18, Give Pages 1, 2, and 3 to the funeral. Office along with form PM3. Page 5 may be retained fo burial-transit permit. File pages 1 and 2 with the State Diamenaval. and in any event within 2 hours, after de ON A FARM? Lower Fairmount Bex 77 YES NO NAME OF 4. DATE Middle Last Month Day Year DECEASED OF Felix Jones (Type or print) DEATH 39 19 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. ast birthdey) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign equatry) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Oriele, Md US Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MEDICAL EXAMINER: This certificate should be executed within 24 Richard Jones Susan Mason 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Yes, no, or unkown) (ffyessive water dates of service) Ethel Jones. Fairmount Md. 18. CAUSE OF DEATH |Enter only one sause per line for (a), (b), and (c). INTERVAL BETWEEN ONE WHE BEST Myecardial Infarction PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which cremation, "pending" gave rise to immediate cause please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's TO FUNERAL DIRECTOR: Page 3 should be used as a Health or its designated agent, prior to burial premating DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO A 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., atc.) Hour e.m. While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection 7 Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE- SIGNED SIGNATUR DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S SutterMD Somerset Everett C. NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burial Fairmount, Md. Centennial 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME Anthony E Ward, Crisfield, Md. 5M 1/63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Somerset Somerset Maryland MARYLAND e funeral Department after death. b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) Crisfield Lifetime Crisfield e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS EXAMINER: This certificate should be executed within 24 hours after death. If any delay no certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State hours McCready Memorial Hospital Mariners NO X Road YES 3. NAME OF First DATE Day Year Lest the 72 DECEASED MORGAN 66 WILLIAM BAYNE DEATH January (Type or print) 19 within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS lest birthdey) | Months | Deys | Hours | Min. 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH White Male Sept.16 . 1939 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

College 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) ever INDUSTRY College Crisfield, Maryland any pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sally Evelyn Dize Barney Morgan File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT permit. I Yes (1958/1962) Mrs. S. Evelyn Morgan, Same as INTERVAL BETWEEN ONSET AND DEATH 35 min. 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c),] PART I. DEATH WAS CAUSED BY: burial-transit p Internal injuries: Laceration of liver JMMEDIATE CAUSE (e) with hemorrhage. DUE TO Conditions, if any, which (b). gave rise to immediate DUE TO cause (e), steting the 60 underlying cause last. used as to burial, WAS AUTDPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION ND X 3 should be agent, prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part || of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY [7] or CONTRIBUTING [Thrown from sled into path of oncoming car. 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bidg., etc.) MEDICAL TIME OF INJURY Month, Day, Year (County) (State) While Not While at work 667 Crisfield Som. Md. CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my ppinion files. DIRECTOR: Undetermined manner death resulted from: Natural causes Accident X. Suicide Homicide CHIEF MEDICAL EXAMINER Page 4 for your ACTUAL SIGNATURE DIESSE EXECUTA Feb. 9 FUNERAL I DEPUTY MEDICAL EXAMINER **EXAMINER'S** G. Rawley, M.D. director. Crisfield, Md. Address (Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 5 Feb. 4.1966 Sunnyridge Cemetery 0 Crisfield Burial 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR ALSME (5) Bradshaw & Crisfield. Md.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11134	U	CERTIFICATI	E UF DEATH		111299
1. PLACE OF DEAT	ГН		2. USUAL RESIDENC	E (Where deceased lived, If institution:	Residence before admission)
a. CDUNTY	Somerset		a. STATE Ma my	land b. CDUNTY Som	ongot
h CITY OF TOU		MARYLAND c. LENGTH OF STAY IN 1b		outside corporate limits, write RURA	er ser
write RURAL	VN (if outside corporate limits, L and give nearest town)		1		T aud Blac licalest town)
	Princess Anne	Lifetime	Prin	icess Anne 19-	
	SPITAL DR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Main St.		Main	st.	YES ND X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	OMAR	LANKFORD 1	PHOEBUS	DEATH Jan.	17 19 66
5. SEX	6. COLDR DR RACE 7. MARRIEI	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
Male	White WIDDWEI		July 4, 189	last birthday) Months 67 yrs.	Days Hours Min.
10a. USUAL OCCUPA	TIDN (Give kind of work done 10b.	KIND OF BUSINESS DR	11. BIRTHPLACE (Co	ounty & State, or foreign country) 12.	CITIZEN OF WHAT
Dealer	king life, even if retired)	& Used Cars	Oriole, S	Somerset County, Md.	U.S.A.
13. FATHER'S NAM			1 14. MDTHER'S MAID		04041.4
	Henry B. Phoebus			Williams	
45 1442 2 2 2 2 2 2 2					
(Yes, no, or unkown)	EVER IN U.S. ARMED FORCES? 16		INFORMANT	Address	
Yes	(If yes give war or dates of service)	Mrs	s. Florence	Phoebus, Same as 1	a, b, d above
18. CAUSE OF	DEATH [Enter only one cause per	line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY:	Gere bra	Throw	bosis	ONSET AND DEATH
339	IMMEDIATE CAUSE (a)	00100141	F 471 0 00		
Conditions 16	DUE TO	14. 505	tensil	0.00	
Cenditions, If		119001	1 611316	2 11)	
cause (a),	stating the DUE TD				
underlying cau					
PART II. DTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT	WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	Injury in Part I or Part II of Item 1	8.)
G (IF EITHER, NO	TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)				
	INJURY Month, Day, Year 20d.	INJURY DCCURRED 120e. PLA	CE DF INJURY (Home, fa	rm. 20f. (City or town) (Co	ounty) (State)
20c. TIME DF Hour a.		facto	ry, street, office bldg., e		(
∑ p.	.m. 19 at wo				
21. I certi	fy that (I) (this hospital) attend	ded the deceased from 1	co 112 1	964, to dan 17191	5 that (1) (we) last
saw the de	eceased alive on dam	11 1966, and that	death occurred at	M, from the causes and on	the date stated above.
22a. SIGNATU	IRE PO 900	A 1		22b.	DATE SIGNED
80	don d. har	M.D momora	ATTENDING X	MED. STAFF DIRECTOR PHYS.	
22c. PHYSICI			22d. ADDRESS		
NAME (1	(ype) Dr. E. G. Mar	ksman, M.D.	Pr	incess Anne, Md.	
23a. BURIAL, CREI	MATION, 23b. DATE THEREDE	23c. NAME OF CEMETERY	DR CREMATORY	23d. LDCATION (City, town or c	ounty) (State)
Burial (Sp	Jan. 19. 1966	Sunnyridge Co	emetery	Crisfield, Md.	
24. FUNERAL DIR	ECTDR	ADDRESS	25a. REC	C'D BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
1	Bradshaw & Sons -	- Crisfield. Md	JAN	24 1966 Achant	a Quelos
	S SOLD	January	DATE	- 10001	- Showed

VR AI5 (4) 20M 1/65

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	1	OTO WI			CERTIFIC	AH	C OL DEVIL	1		1	11:		
	1	PLACE OF DEAT a. COUNTY	Somerset	;	MARYLA	MD	2. USUAL RESIDEN a. STATE Ma			T7/		before add	
		write Bural	(N (If outside corporate lin and sive nearest town)		c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (III	noke C		te RURAL	and giv	e nearest	t town)
7			spital or institution (if ady Memorial			ress)	d. STREET ADDRESS					ON A F	DENCE ARM? NO
		NAME OF DECEASED (Type or print)	First Infant		Middle Female	1	Ross	4. DATE OF DEATH	1/13	166	Day	Year 19	
	F	sex emale	White W	IDOWED			Jan. 12, 19	966	AGE (In years last birthday) yrs.	Months	Days	Hours	Min.
7000	duri	ng most of work	TION (Give kind of work done ling life, even if retired)		KIND OF BUSINESS OR INDUSTRY		Crisfield	i, Md.	or foreign country	C	DUNTRY	OF WHAT	
		FATHER'S NAM	Edward Lee					ema Lee					
	15. (Yes	WAS DECEASED s, no, or unkown)	EVER IN U.S. ARMED FORCES (If yes give war or dates of serv	3? 16.	. SOCIAL SECURITY NO.		informant ard Lee Ros	s-same	as 2-c,		ve		
			Immediate tating the DUE TO	ise per	line for (a), (b), and (c). Mulmona	ny	edemi	2			ONS	RVAL BET ET AND D	EATH
	CERTIFICATION		SIGNIFICANTCONDITIONS								19. YE	WAS AUT PERFORM S	
		20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature o	f Injury In Pa	rt I or Part II o	f Item 18	.)		
	MEDICAL	20c. TIME OF Hour a.i p.i		While at wor	Not While		CE OF INJURY (Home, f ry, street, office bldg.,		City or town)	(Cot	inty)	(S	tate)
			fy that (I) (this hospital) ceased alive on	attend			/-/z , 1 death occurred at	966, to 5:1 M, fro	1-13 m the causes	and on t	he date	stated	e) last above
		22a. SIGNATU 22c. PHYSICI/ NAME (T	an's C. G. B	wf awl	oy, Md.	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. D	ATE SIG	ENED	
	23a.	BURIAL, CREM REMOVAL (Sp	MATION, 23b. DATE THER		23c. NAME OF CEN		OR CREMATORY	23d. L00	field, CATION (City, to Rehobet	wn or co		(Sta	ate)
1		FUNERAL DIRE			ADDRESS Crisfield,		25a. RE	C'D BY REGIS	TRAR 25b. RI	EGISTRAR!	's sign		

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YES

12. CITIZEN OF WHAT COUNTRY?

Months | Days

USA

e. IS RESIDENCE

ON A FARM?

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTDPSY

(State)

PERFORMED? NO X

that (I) (we) last

(State)

YES

DATE SIGNED

(County)

Maryland

DATE

NOT

66

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FOR SU HEALTH DEI TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	MED	ICAL EXAMINER	S CERTIFIC	AIE OF DEATH	01301
1. PLACE OF DEAT	Somerset	MARYLAND	STATE	ence (Where decessed lived, If aryland b. COUN	institution: Residence before admiss
b. CITY OR TOWN write RURAL er	(if outside corporete limits, nd give nearest town) Crisfield	e. LENGTH OF STAY IN 16		N (If outside corporate limits, write	RURAL end give nearest town)
d. NAME OF HOSE		of in hospital, give street address)	d. STREET ADDRES		I e. IS RESIDEN
DOA McCrea	ady Memorial			ariners Road	ON A FAR
3. NAME OF DECEASED (Type or print)	THOMAS	MELVIN	WARD	4. DATE Month OF DEATH January	
5. SEX Male	7.777.1	THE TER MICKELED	DATE OF BIRTH 191	9. AGE (In years last birthdey) 50 yrs.	
10s. USUAL OCCUPA done during most of w Part Own	TION (Give kind of work vorking life, even if retired) ner	10b. KIND OF BUSINESS OR INDUSTR Bottled Gas	Y 11. BIRTHPLACE (Sta	ate or foreign country) d, Maryland	12. CITIZEN OF WHAT COUNT USA
13. FATHER'S NAME			14. MOTHER'S MAIDE	EN NAME	
Frank B	. Ward	The second second	Effie C.	Ward	
15. WAS DECEASED E	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17. I		Address	
Yes, no, or unkown)	(If yes give war or dates of service WW 2	154-01-8264 Mrs	. Jeanette	Mrohs, Same as	2 shed
	DEATH [Enter only one sau	se per line for (a), (b), and (c).]		THE OTTEN DOLLING CLB	
	TH WAS CAUSED BY:	Myocardial infa	nation		NTERVAL BETWEEN
1	IMMEDIATE CAUSE (a)	Myocardial inia	arction		Minutes
4201	DUE TO				
Conditions, if an					
geve rise to immed (a), steting the					
cause lest.	(c)				
Z PART II. OTHE		NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOP:
9					PERFORMED
PART II. OTHE	ALISE WAS 1 20h	DESCRIBE HOW INDIAN OCCURRED	(F.)	D 11 D 11 11 11 11 11	YES NO
PRIMARY or Co	ONTRIBUTING	DESCRIBE HOW INJURY OCCURRED.	(thier nature of injury i	n Part I or Part II of ilem 18.	
20c. TIME OF INJ Hour a.m.	URY Month, Day, Year		CE OF INJURY (Home, fa pry, street, office bldg., a		(County) (State)
21. I certify t	hat I took charge of th	ne remains described above, he	d an Autopsy .	Inspection X Inquir	y . and in my opinion
death resulted			de D. Homicid	e, Undetermined ma	
	1 1	2 0	CHIEF MEDICA	L EXAMINER	
ACTUAL SIGNATURE	(95. P	1 auter	M.D. ASSISTANT MI	EDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type)	C. G. Rawle	y		cal EXAMINER of county) Cri	2/1/66 sfield, Md.
22a. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town,	
REMOVAL (Specify Burial	2/2/66	Sunnyridge Cem	eterv	Crisfield, Md.	
23. FUNERAL DIRECTO		ADDRESS	24a. P	FC'D BY REGISTRAD I 245 REGI	STRAP'S AIGNATURE
			15	B 7 1966	harles Judge
DI.SUZUSUSM &	Sons, Crisfi	era, Ma.	DAFEL	0 1000	()

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